

Quick Tips – Surgery

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Acute Diaphragmatic Hernia

Traumatic diaphragmatic hernia generally results from blunt abdominal trauma. Affected animals may or may not show respiratory compromise. Acute diagnosis is missed in up to 50% of patients unless thoracic radiographs are routinely obtained in patients who have suffered blunt trauma. The liver and small intestine are most commonly herniated, and pleural effusion is present in ~25% of cases. Ultrasound and contrast radiographs (upper GI barium series, iodinated contrast peritoneography) can assist in diagnosis when plain films are equivocal. Early research found an increased mortality when surgery was performed within 24 hours, and the general recommendation was once to delay surgery beyond this period. With advances in anesthesia protocols and intensive care support post-operatively, outcomes have improved. Survival rates of 80-95% are now seen, with most animals treated within 24 hours of trauma and/or presentation. Emergency surgery is considered necessary only if the stomach is displaced into the thorax or the animal cannot be effectively stabilized with medical treatment (oxygen support, IV fluids, analgesia). In all other cases the surgery can safely be performed without delay, once the patient is stable. In patients with concurrent injuries, the diaphragm should be repaired first, and other surgical procedures are often delayed. Re-expansion pulmonary edema is a major cause of post-operative death after surgery to correct diaphragmatic hernias, particularly in cats. Forceful expansion of the lungs with positive airway pressures >20 cm H₂O should be avoided, instead allowing atelectic lobes to re-inflate gradually in the post-operative period.

I hope you found this information helpful,



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